



**4949 N. MAIN ST.
STRATFORD, CT 06614**

(203) 380-9858

**1671 W. MAIN ST.
WILLIMANTIC, CT 06226**

(866) 336-8836

ENROLLMENT AGREEMENT

Name of Student: _____

Address: _____

Phone: _____

Enrolled in the Dental Assistant Training Program starting ____/____/____
And ending ____/____/____ consisting of eight (8) consecutive Saturdays of
instruction from 9:00AM to 5:00PM with a lunch break from 1:00PM to 2:00PM (lunch
not provided) for a total of fifty-six (56) total clock hours of instruction.

Definition: In the agreement, the words “we,” “our,” and “us” refer to Dent-Temp
Careers, LLC, the school offering this Dental Assistant Training Program. The
words “you” and “yours” refer to the student.

You agree to pay tuition and fees as stated below and to comply with the rules and
policies in the course catalog. We agree to provide the instruction as stated above.

1. COST OF PROGRAM

Application/Registration Fee	\$100.00 (Non-refundable)
Tuition Deposit	\$500.00 (Non-refundable)
Balance of Tuition	\$1500.00
 Total Cost	 \$2100.00

A payment plan is available.

2. **SCHEDULE OF PAYMENT**

You agree to pay the application fee of \$100.00 when submitting an application for the program which is not refundable. The tuition deposit of \$500.00 must accompany this Signed Enrollment Agreement. The balance of tuition is due no later than two (2) weeks prior to the first scheduled class. The costs of supplies are included in the cost of tuition.

ACKNOWLEDGEMENT

By signing below, you and your parent or guardian (required if you are a minor) agree to the terms and conditions of this Enrollment Agreement. Each person who signs below also acknowledges receipt of a copy of the current catalog and of a completely filled-in copy of this agreement. You also acknowledge that you have been given the opportunity to read and have read, the catalog and both sides of this agreement. In the event of a conflict between any of the terms of this agreement and attachments, the terms of this agreement shall be controlling.

Your Signature: _____ Date: ____/____/____

Signature of your Parent
or Guardian: _____ Date: ____/____/____

Signature of
School Official: _____ Date: ____/____/____

Read schedule "A" attached hereto and made part hereof and acknowledge by your initials: _____.

SCHEDULE "A"

CANCELLATION AND REFUND POLICY

Students may select to terminate training at any time. Refunds will be as follows:

Before the 1st session - \$1500.00 Refund (Tuition minus application and deposit)

Before the 2nd Session - \$1000.00 Refund

Before the 3rd Session - \$500.00 Refund

Students who cancel due to a personal or medical reason may resume classes at the next session.

All refunds due you shall be made within thirty days of written notification or without written notification on your part within thirty days from our determination of your last date of recorded attendance.

TERMINATION POLICY

Students may be terminated from the program for the following reasons:

1. Absence for more than 2 classes, unless there is a documented medical or personal emergency
2. Tardiness that seriously disrupts the class, or other behavior that impedes the ability of the instructors to teach and the students to learn
3. Failure to obtain proper vaccination (see course admissions)
4. Failure to adhere to all OSHA standards
5. Failure to comply with all financial arrangements
6. Failure to sustain an adequate level of performance on written or lab quizzes and exams

ADDITIONAL TERMS AND CONDITIONS

Upon successful completion of the program (an average of eighty (80) or more), we agree to award you a certificate of completion. Study outside of our course will be necessary for the state X-Ray certification exam. In addition this program is intended to provide the student with the basic skills to function in an entry level position in a general dental practice and does not imply accreditation or certification by the state or national associations.

I understand that this course is not in lieu of a high school diploma, and I will continue my high school studies.

Dent-Temp Careers, LLC reserve the right to change the dates of the classes.

State Law requires X-Ray Certification. Additional study outside of the course will be required to prepare for the State Examination.

Acknowledged By: _____
(Your Name)